

Filing Status [] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying surviving spouse (QSS)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial Last name Your social security number
If joint return, spouse's first name and middle initial Last name Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [] Yes [] No

Standard Deduction Someone can claim: [] You as a dependent [] Your spouse as a dependent
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

Dependents (see instructions):
(1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions):
Child tax credit Credit for other dependents

Income
1a Total amount from Form(s) W-2, box 1 (see instructions)
1b Household employee wages not reported on Form(s) W-2
1c Tip income not reported on line 1a (see instructions)
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)
1e Taxable dependent care benefits from Form 2441, line 26
1f Employer-provided adoption benefits from Form 8839, line 29
1g Wages from Form 8919, line 6
1h Other earned income (see instructions)
1i Nontaxable combat pay election (see instructions)
1j Attach lines 1a through 1h
2a Tax-exempt interest
2b Taxable interest
3a Qualified dividends
3b Ordinary dividends
4a IRA distributions
4b Taxable amount
5a Pensions and annuities
5b Taxable amount
6a Social security benefits
6b Taxable amount
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here
8 Other income from Schedule 1, line 10
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income
10 Adjustments to income from Schedule 1, line 26
11 Subtract line 10 from line 9. This is your adjusted gross income
12 Standard deduction or itemized deductions (from Schedule A)
13 Qualified business income deduction from Form 8995 or Form 8995-A
14 Add lines 12 and 13
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

U.S. Return of Partnership Income

For calendar year 2022, or tax year beginning , 2022, ending , 2022

2022

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form1065 for instructions and the latest information.

Part I: Principal business activity, product or service, and business code number. Includes fields for partnership name, address, and employer identification number.

Part II: Check applicable boxes for return type (Initial, Final, Name change, Address change, Amended) and accounting method (Cash, Accrual, Other).

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Main table with 30 rows for Income, Deductions, and Tax and Payment. Includes sub-rows for depreciation (16a, 16b) and total calculations.

Signature section: Sign Here, Signature of partner or limited liability company member, Date, and a box for 'May the IRS discuss this return with the preparer shown below?'.

Paid Preparer Use Only section: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	TYPE OR PRINT	Name _____ Number, street, and room or suite no. If a P.O. box, see instructions. _____ City or town, state or province, country, and ZIP or foreign postal code _____	B Employer identification number _____ C Date incorporated _____ D Total assets (see instructions) \$ _____
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a	Gross receipts or sales		1a	
	b	Returns and allowances		1b	
	c	Balance. Subtract line 1b from line 1a			1c
	2	Cost of goods sold (attach Form 1125-A)			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Dividends and inclusions (Schedule C, line 23)			4
	5	Interest			5
	6	Gross rents			6
	7	Gross royalties			7
	8	Capital gain net income (attach Schedule D (Form 1120))			8
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9
10	Other income (see instructions—attach statement)			10	
11	Total income. Add lines 3 through 10			11	
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)			12
	13	Salaries and wages (less employment credits)			13
	14	Repairs and maintenance			14
	15	Bad debts			15
	16	Rents			16
	17	Taxes and licenses			17
	18	Interest (see instructions)			18
	19	Charitable contributions			19
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			20
	21	Depletion			21
	22	Advertising			22
	23	Pension, profit-sharing, etc., plans			23
	24	Employee benefit programs			24
	25	Reserved for future use			25
	26	Other deductions (attach statement)			26
	27	Total deductions. Add lines 12 through 26			27
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.			28
29a	Net operating loss deduction (see instructions)		29a		
b	Special deductions (Schedule C, line 24)		29b		
c	Add lines 29a and 29b			29c	
Tax, Refundable Credits, and Payments	30	Taxable income. Subtract line 29c from line 28. See instructions			30
	31	Total tax (Schedule J, Part I, line 11)			31
	32	Reserved for future use			32
	33	Total payments and credits (Schedule J, Part III, line 23)			33
	34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>			34
	35	Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed			35
	36	Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid			36
37	Enter amount from line 36 you want: Credited to 2023 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>			37	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____	Date _____	Title _____
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May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

U.S. Income Tax Return for an S Corporation

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning _____, 2022, ending _____, 20

A S election effective date	TYPE OR PRINT	Name	D Employer identification number
B Business activity code number (see instructions)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Date incorporated
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions) \$

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No

H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year _____

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4
5 Other income (loss) (see instructions—attach statement)		5	
6 Total income (loss). Add lines 3 through 5		6	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)		7
	8 Salaries and wages (less employment credits)		8
	9 Repairs and maintenance		9
	10 Bad debts		10
	11 Rents		11
	12 Taxes and licenses		12
	13 Interest (see instructions)		13
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14
	15 Depletion (Do not deduct oil and gas depletion.)		15
	16 Advertising		16
	17 Pension, profit-sharing, etc., plans		17
	18 Employee benefit programs		18
	19 Other deductions (attach statement)		19
	20 Total deductions. Add lines 7 through 19		20
	21 Ordinary business income (loss). Subtract line 20 from line 6		21
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		22c
	23a 2022 estimated tax payments and 2021 overpayment credited to 2022	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c		23d
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		24
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26
27 Enter amount from line 26: Credited to 2023 estimated tax Refunded		27	

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

9595

VOID

CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115	
		\$		Form 1099-MISC	
		2 Royalties		(Rev. January 2022)	
		\$		For calendar year 20__	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	
		\$		\$	
RECIPIENT'S name		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest	
		\$		\$	
Street address (including apt. no.)		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney	
		\$		\$	
City or town, state or province, country, and ZIP or foreign postal code		11 Fish purchased for resale		12 Section 409A deferrals	
		\$		\$	
		13 FATCA filing requirement <input type="checkbox"/>		15 Nonqualified deferred compensation	
		14 Excess golden parachute payments		\$	
Account number (see instructions)		2nd TIN not. <input type="checkbox"/>		16 State tax withheld	
		\$		17 State/Payer's state no.	
		\$		18 State income	
				\$	

Miscellaneous Information

Copy A For Internal Revenue Service Center

File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

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